

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90032 039 ****61.25

DOCUMENT # N95000002242 1. Entity Name FRIENDS OF THE LANTANA NATURE PRESERVE, INC.					
Principal Place of Business 206 N. ATLANTIC DR LANTANA, FL 33462			Mailing Address 206 N. ATLANTIC DR LANTANA, FL 33462		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0620324	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BALFOUR, HELENE 206 N. ATLANTIC DR LANTANA, FL 33462			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BALFOUR, HELENE		NAME		
STREET ADDRESS	206 NORTH ATLANTIC DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BROWN, DONNIE		NAME		
STREET ADDRESS	804 WEST OCEAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE	ST	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARRINGTON, NANCY		NAME		
STREET ADDRESS	359 E. OCEAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	TAIT, GLORIA		NAME	Tait Gloria	
STREET ADDRESS	826 N. ATLANTIC DR		STREET ADDRESS	826 N. Atlantic Dr	
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP	Lantana FL 33462	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	PEZZULO, MARGARET		NAME	S. Pezzuto, Margaret	
STREET ADDRESS	410 N. ATLANTIC DR		STREET ADDRESS	410 N. Atlantic Dr	
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP	Lantana FL 33462	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	RANDU, NEREMEA		NAME	Veronica Rauch	
STREET ADDRESS	921 LANDS END RD		STREET ADDRESS	921 Lands End Rd.	
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP	Lantana, FL 33462	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>H. Balfour</u> <u>H. Balfour</u> <u>4/15/04</u> <u>561-588-7427</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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